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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**



Declaration
Submitted
With Initial
Filing

OR



Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

67097-034; EH11111

First Named Inventor

Jeffrey M. Cohen

COMPLETE IF KNOWN

Application Number

Filing Date

Herewith

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

AUGMENTOR WITH AXIALLY DISPLACED VANE SYSTEM

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? es No | |
|--|---------|-------------------------------------|--------------------------|-----------------------------------|--------------------------|
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☒ Customer Number: 026096 OR ☐ Correspondence address below

Name

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ZIP

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Country

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Telephone

(248) 988-8360

Fax

(248) 988-8363

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

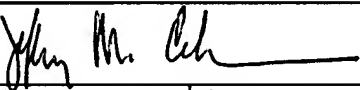
A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any]) Jeffrey M.

Family Name

or Surname Cohen

Inventor's
Signature

Date

Dec 15, 2003

Residence: City

Hebron

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NAME OF SECOND INVENTOR:

A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any]) Meredith Bright

Family Name

or Surname Colket, III

Inventor's
Signature

Date

12/23/03

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U.S.



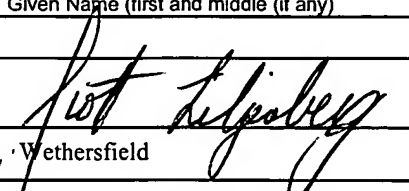
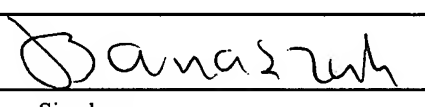

Additional inventors or a legal representative are being named on the 2 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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DECLARATION**ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 1 of 2

| | | | |
|--|--------------|---|-------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Scott A. | | Liljenberg | |
| Inventor's Signature  | | Date <u>12/23/2003</u> | |
| Residence: City | Wethersfield | State | CT |
| | | Country | U.S. |
| Citizenship U.S. | | | |
| Mailing Address 64 Village Lane, Apt. 703 | | | |
| Mailing Address | | | |
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| | | Zip | 06109 |
| | | Country | U.S. |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Andrzej | | Banaszuk | |
| Inventor's Signature  | | Date <u>12/23/2003</u> | |
| Residence: City | Simsbury | State | CT |
| | | Country | U.S. |
| Citizenship U.S. | | | |
| Mailing Address 1 Russell Lane | | | |
| Mailing Address | | | |
| City | Simsbury | State | CT |
| | | Zip | 06070 |
| | | Country | U.S. |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Derk S. | | Philippona | |
| Inventor's Signature  | | Date <u>12/17/03</u> | |
| Residence: City | Tolland | State | CT |
| | | Country | U.S. |
| Citizenship U.S. | | | |
| Mailing Address 163 Charles St. | | | |
| Mailing Address | | | |
| City | Tolland | State | CT |
| | | Zip | 06084 |
| | | Country | U.S. |

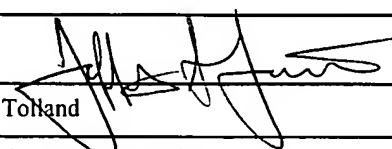
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DECLARATION**ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 2 of 2

| | | | |
|--|---------|---|-------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
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| Jeffery A. | | Lovett | |
| Inventor's Signature  | | Date 12/16/03 | |
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| Mailing Address | | | |
| City | Tolland | State | CT |
| | | Zip | 06084 |
| | | Country | U.S. |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| | | | |
| Inventor's Signature | | Date | |
| Residence: City | | State | |
| | | Country | |
| Mailing Address | | | |
| Mailing Address | | | |
| City | | State | |
| | | Zip | |
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